

U.S. Army Dental Command



DoD CONTRACTOR DENTAL PRE-DEPLOYMENT REQUIREMENTS

COL Mark Bodenheim

IMA Commander, Reserve Affairs,

CLICK ARROW KEYS TO ADVANCE EACH SLIDE

While aspiring to be the most esteemed institution in the Nation, we will remain the most respected Army in the world and the most feared ground force to those who would threaten the interests of the United States. Our commitment to meeting these challenges is rooted in the Army's core values: Duty, Integrity, and Service. The Army's mission is to provide the Nation with a ready, reliable, and effective fighting force. The Army's motto is "Duty, Integrity, and Service." The Army's motto is "Duty, Integrity, and Service." The Army's motto is "Duty, Integrity, and Service."

Army Dental Care System



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www.dencom.army.mil**

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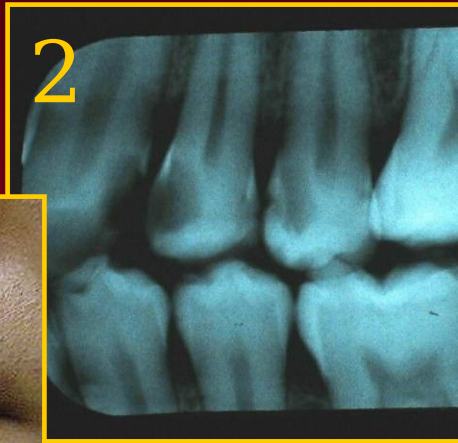


DENTAL CLASS 1 OR 2 = “GO” DEPLOYMENT STANDARD

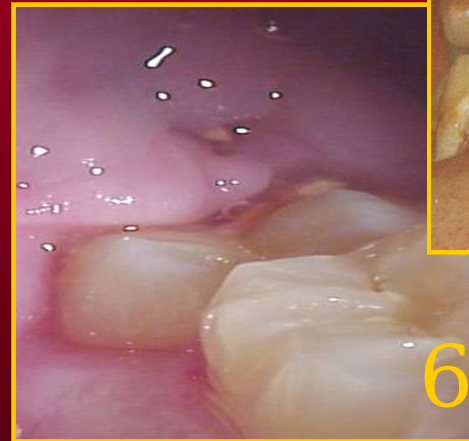
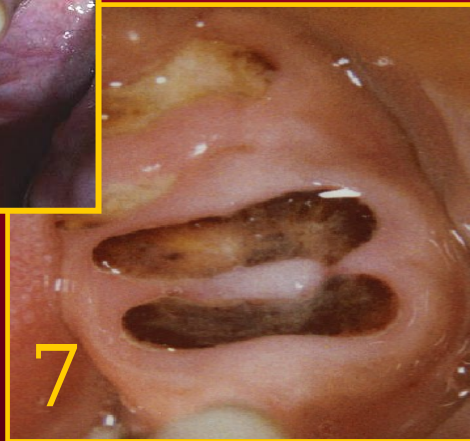
- Dental Class 1 - Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months.
- Dental Class 2 -  Patient has some oral conditions, but you **do not** expect these conditions to result in dental emergencies within 12 months if not treated, (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).

DENTAL CLASS 3 OR 4 = “NO GO” DEPLOYMENT STANDARD

- **Dental Class 3** – Patient has oral conditions that you **do** expect to result in dental emergencies within 12 months if not treated. 
- **Dental Class 4** – Patient requires a current examination in order to determine if they are Class 1, 2 or 3. A current examination is one that has taken place within 365 days of the processing date.



DENTAL CLASS 3 CONDITIONS



PREVENT DENTAL EMERGENCIES: DEPLOY IN DENTAL CLASS 1 OR 2



**WAR TIME THEATRE
HAS LIMITED DENTAL**

SERVICES

**EMERGENCY DENTAL
CARE DISRUPTS WAR
FIGHTING CAPABILITIES**



U.S. Army Dental Command

DENTAL REQUIREMENTS



**DENTAL
EXAM**



**CL3
TREATMENT**

DEPARTMENT OF DEFENSE ACTIVE DUTY/RESERVE FORCES DENTAL EXAMINATION			Form Approved DMM No. 0725-0002 Expires Feb. 28, 2008
<small>We will require you to provide information to enable a dental examination. The information you provide will be used to determine your dental health status and to determine your fitness for prolonged duty without ready access to dental care. The information you provide will be used to determine your fitness for prolonged duty without ready access to dental care. The information you provide will be used to determine your fitness for prolonged duty without ready access to dental care. The information you provide will be used to determine your fitness for prolonged duty without ready access to dental care.</small>			
PRIVACY ACT STATEMENT AUTHORITY: Public Law 105-85, Sec. 765; DoD Directive 5400.2, E.O. 9397. ROUTINE USES: None. DISCLOSURE: Voluntary; however, failure to provide the information may result in delays in assessing your dental health needs for military service.			
1. SERVICE MEMBER'S NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER	3. BRANCH OF SERVICE	
4. UNIT OF ASSIGNMENT	5. UNIT ADDRESS		
6. EXAMINATION RESULTS Chief, Dental: The individual you are examining is an Active Duty/Reserve member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographic. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the member's comprehensive dental needs.			
(1) Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months. (2) Patient has some oral conditions, but you <u>do not</u> expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment). (3) Patient has oral conditions that you <u>do</u> expect to result in dental emergencies within 12 months if not treated. Examples of such conditions are: (X the applicable block or specify in the space provided) (a) Infection: Acute oral infections, pulpal or periodontal pathology, chronic oral infections, or other pathological lesions and lesions requiring biopsy or awaiting biopsy report. (b) Caries/Restorations: Dental caries or fractures with moderate to advanced periodontitis, defective restorations or temporary restorations that patients cannot maintain for 12 months. (c) Missing Teeth: Edentulous areas requiring immediate prosthetic treatment for adequate mastication, communication, or acceptable esthetics. (d) Periodontal Conditions: Acute gingivitis or periodontitis, active moderate to advanced periodontitis, periodontal abscess, progressive periodontal conditions, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances. (e) Oral Surgery: Unruptured, partially erupted, or impacted teeth with historical, clinical, or radiographic signs or symptoms of pathology that are recommended for removal. (f) Other: Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.			
(4) If you selected Block (3) above, please circle the condition(s) you identified in this patient if they appear above, or briefly describe the condition(s) below:			
(5) Were X-rays consulted? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DATE X-RAY WAS TAKEN (YYYYMMDD)			
7. DENTIST'S NAME (Last, First, Middle Initial)		8. DENTIST'S ADDRESS (Street, City, State, 9-digit ZIP Code)	
9. DENTIST'S TELEPHONE NUMBER (Include Area Code)			

DD2813

**COMPLETE ALL & CORRECTLY DOCUMENT
DD2813 = "GO" DEPLOYMENT STANDARD**

U.S. Army Dental Command

DEPARTMENT OF DEFENSE ACTIVE DUTY/RESERVE FORCES DENTAL EXAMINATION			
<small>The public reporting burden for this collection of information is estimated to average 3 minutes per response, including gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other notice that may appear on this form, it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.</small>			
PRIVACY ACT STATEMENT <table border="1"> <tr> <td> AUTHORITY: Public Law 105-85, Sec. 765; DoD Directive 6490.2; E.O. 9397. PRINCIPAL PURPOSE(S): An assessment by a dentist of the state of your dental health for the next 12 months is needed to determine your fitness for prolonged duty without ready access to dental care. </td> <td> ROUTINE USE: DISCLOSURE: Information for dental health needs. </td> </tr> </table>		AUTHORITY: Public Law 105-85, Sec. 765; DoD Directive 6490.2; E.O. 9397. PRINCIPAL PURPOSE(S): An assessment by a dentist of the state of your dental health for the next 12 months is needed to determine your fitness for prolonged duty without ready access to dental care.	ROUTINE USE: DISCLOSURE: Information for dental health needs.
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1. SERVICE MEMBER'S NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER		
4. UNIT OF ASSIGNMENT	5. UNIT ADDRESS		
6. EXAMINATION RESULTS Dear Doctor, The individual you are examining is an Active Duty/Guard/Reserve member of the United States Armed Forces. This form is meant to determine fitness for prolonged duty without ready access to dental care. Please mark (X) the condition of the member, using as a suggested minimum a clinical examination with mirror and radiographs.			
(1) Patient has good oral health and is not expected to require dental treatment or referral within the next 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal edentulous areas not requiring immediate prosthetic treatment).			
(2) Patient has some oral conditions, but you <u>do not</u> expect these conditions to result in dental emergencies within the next 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal edentulous areas not requiring immediate prosthetic treatment).			
(3) Patient has oral conditions that you <u>do</u> expect to result in dental emergencies within the next 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal edentulous areas not requiring immediate prosthetic treatment). Examples of such conditions are: (X the applicable block or specify in the space provided)			
(a) Infections: Acute oral infections, pulp or periapical pathology, chronic periodontitis, lesions requiring biopsy or awaiting biopsy report.			
(b) Caries/Restorations: Dental caries or fractures with moderate or advanced restorations or temporary restorations that patients cannot maintain for 12 months.			
(c) Missing Teeth: Edentulous areas requiring immediate prosthetic treatment for functional, communication, or acceptable esthetics.			
(d) Periodontal Conditions: Acute gingivitis or pericoronitis, active moderate to severe periodontal abscess, progressive mucogingival condition, moderate to heavy periodontal manifestations of systemic disease or hormonal disturbances.			
(e) Oral Surgery: Unerupted, partially erupted, or malposed teeth with historical or symptoms of pathosis that are recommended for removal.			
(f) Other: Temporomandibular disorders or myofascial pain dysfunction requiring treatment.			
(4) If you selected Block (3) above, please circle the condition(s) you identified in this patient and describe the condition(s) below:			
(5) Were X-rays consulted? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE X-RAY WAS TAKEN:			
7. DENTIST'S NAME (Last, First, Middle Initial)			
8. DENTIST'S ADDRESS (Street, City, State, Zip)			
9. DENTIST'S TELEPHONE NUMBER (Include Area Code)			
10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER			
11. DATE			

DD FORM

DoD contractors shall present to the Army SRP dental station with a correctly completed DD2813 indicating they are ready for

The minimum clinical exam consists of the use of a mirror, probe &

The DD2813 is a static document. Any change in classification requires a new DD2813 to be completed.

U.S. Army Dental Command

Correctly completed DD2813

1) Dental Readiness Class-box 1 or 2 checked for deployable GO status.

4. DUTY ASSIGNMENT		5. DUTY ADDRESS	
6. EXAMINATION RESULTS Dear Doctor, The individual you are examining is an Active Duty/Guard/Reserve member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care and <u>is not</u> intended to address the member's comprehensive dental needs.			
<input type="checkbox"/>	(1) Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months.		
<input checked="" type="checkbox"/>	(2) Patient has some oral conditions, but you <u>do not</u> expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).		
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<input type="checkbox"/>	(a) Infections: Acute oral infections, pulpal or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report.		
<input type="checkbox"/>	(b) Caries/Restorations: Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months.		
<input type="checkbox"/>	(c) Missing Teeth: Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.		
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(4) If you selected Block (3) above, please circle the condition(s) you identified in this patient if they appear above, or briefly describe the condition(s) below:			
(5) Were X-rays consulted?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		IF YES, DATE X-RAY WAS TAKEN (YYYYMMDD)	
7. DENTIST'S NAME (Last, First, Middle Initial)		8. DENTIST'S ADDRESS (Street, City, State, 9-digit ZIP Code)	
9. DENTIST'S TELEPHONE NUMBER (Include Area Code)			
10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER		11. DATE OF EXAMINATION (YYYYMMDD)	

DD FORM 2813, MAR 2003

PREVIOUS EDITION MAY BE USED.

U.S. Army Dental Command

CLASS 3 DD2813

2) Dental Readiness Class 3 conditions documented

4. DENTIST'S ASSIGNMENT		5. DENTIST'S ADDRESS	
6. EXAMINATION RESULTS Dear Doctor, The individual you are examining is an Active Duty/Guard/Reserve member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the member's comprehensive dental needs.			
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(4) If you selected Block (3) above, please circle the condition(s) you identified in this patient if they appear above, or briefly describe the condition(s) below:			
<div style="border: 2px solid red; border-radius: 50%; width: 150px; height: 50px; margin: 0 auto;"></div>			
(5) Were X-rays consulted?		YES	NO
7. DENTIST'S NAME (Last, First, Middle Initial)		8. DENTIST'S ADDRESS (Street, City, State, 9-digit ZIP Code)	

Class 1 or 2 required to meet "GO" deployment status.

Complete class 3 treatment then document DD2813.

Correctly completed DD2813

4. DENTIST'S ASSIGNMENT		5. DENTIST'S ADDRESS	
6. EXAMINATION RESULTS Dear Doctor, The individual you are examining is an Active Duty/Guard/Reserve member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the member's comprehensive dental needs.			
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Were X-rays consulted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE X-RAY WAS TAKEN (YYYYMMDD)			
7. DENTIST'S NAME (Last, First, Middle Initial)		8. DENTIST'S ADDRESS (Street, City, State, 9-digit Zip Code)	
9. DENTIST'S TELEPHONE NUMBER (Include Area Code)			
10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER		11. DATE OF EXAMINATION (YYYYMMDD)	

DD FORM 2813, MAR 2003 PREVIOUS EDITION MAY BE USED.

3) X-
rays
consult
ed
& dated

U.S. Army Dental Command

Correctly completed DD2813

4. DENTIST'S ASSIGNMENT		5. DENTIST'S ADDRESS	
6. EXAMINATION RESULTS Dear Doctor, The individual you are examining is an Active Duty/Guard/Reserve member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the member's comprehensive dental needs.			
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9. DENTIST'S TELEPHONE NUMBER (Include Area Code)			
10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER		11. DATE OF EXAMINATION (YYYYMMDD)	

DD FORM 2813, MAR 2003 PREVIOUS EDITION MAY BE USED.

4)
Civilian
dentist
informati
on
U.S. Army Dental Command
complete

Correctly completed DD2813

4. DENTIST'S ASSIGNMENT		5. DENTIST'S ADDRESS	
6. EXAMINATION RESULTS Dear Doctor, The individual you are examining is an Active Duty/Guard/Reserve member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the member's comprehensive dental needs.			
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5) Were X-rays consulted?		YES	NO
7. DENTIST'S NAME (Last, First, Middle Initial)		8. DENTIST'S ADDRESS (Street, City, State, 9-digit ZIP Code)	
9. DENTIST'S TELEPHONE NUMBER (Include Area Code)			
10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER		11. DATE OF EXAMINATION (YYYYMMDD)	

DD FORM 2813, MAR 2003 PREVIOUS EDITION MAY BE USED.

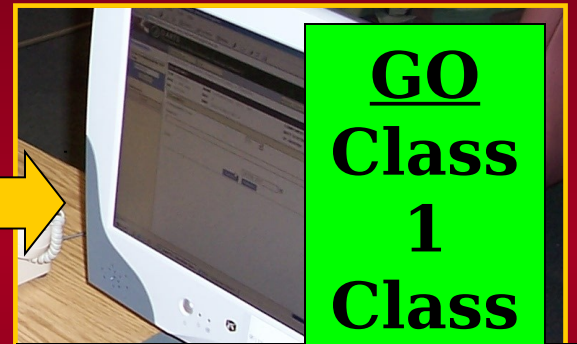
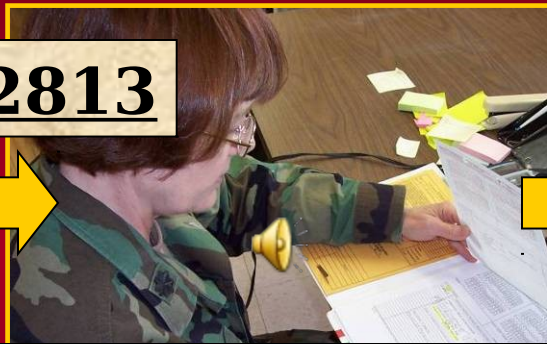
5) Exam
date
is current
or
within 365

U.S. Army Dental Command

GO DoD Contractor Processing



DD2813



**Army
Deployment
Processing
Center**

**Dental
Processing
Station**

**Army
Deployment
Tracking
System**

NO GO DoD Contractor Processing

**NO GO
Class 3
Class 4**



**Army
Deployment
Processing**

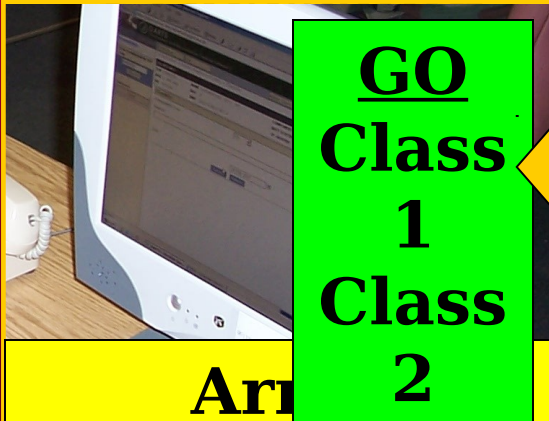


**Dental
Processing
Station**



**Army
Deployment
Tracking
System**

**DD281
3**



**Army
Deployment
Tracking
System**

**GO
Class 1
Class 2**




**Dental
Processing
Station**



**Local Dentist
Exam/treatme
nt**

SUMMARY

- **Army Dental Care System shall not provide exam or treatment services-may perform quality assurance examinations as needed.**
- **Deployment delays,  exam and treatment expenses are DoD contractor's responsibility.**
- **Obtain pre-deployment exam and treatment prior to arriving at Army processing center.**
- **Bring correctly documented DD2813.**